

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-029520

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 317

Primary Registration District No. 547

Registrar's No. 2030

STATE FILE NUMBER

FILED JUL 31 1962

VS 300
Rev. 4/5914005
240362

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94201

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1246-0

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Richmond HeightsLength of stay in 1b
7 hrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Mary's HospitalInside Limits
Yes ☒ No ☐c. CITY
OR TOWN

Pine Lawn

d. STREET
ADDRESS(If outside, give location)
3501 ArdenInside Limits
Yes ☐ No ☐Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First Philip

Middle C.

Last Lucido

4. DATE
OF DEATH

Month July

Day 8

Year 1962

5. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
1/4/19149. AGE (last birthday)
48IF UNDER 1 YEAR
Months Days Hours Min.IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Salesman10b. KIND OF BUSINESS OR INDUSTRY
Publications11. BIRTHPLACE (City and state or country)
St. Louis, Mo.12. CITIZEN OF WHAT COUNTRY
U.S.

13a. FATHER'S NAME

Joseph Lucido

13b. MOTHER'S MAIDEN NAME

Angela Buzzetta

14. NAME OF HUSBAND OR WIFE

Charlotte

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give year or dates of service)
Yes WW II

16. SOCIAL SECURITY NO.

17. INFORMANT

Joseph C. Lucido, 1518 St. Louis Ave.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

acute infectious myocardial infarction

INTERVAL BETWEEN
ONSET AND DEATH
9 hoursConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

arteriosclerotic cardiovascular disease

DUE TO (c)

5 yrs +

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour
a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-8-62, to 7-8-62 and last saw her alive on 7-8-62
Death occurred at 11:20 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)23b. DATE
7-11-6223c. NAME OF CEMETERY OR CREMATORY
Calvary Cemetery23d. LOCATION (City, town, or county)
St. Louis, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Albert H. Hoppe, Inc., 4700 Washington Blvd.

7-10-62

J. H. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. 11
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Melvin L. Kemper

Licensed Embalmer No. 4052

P. O. Address 4911 Washington
St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.